PTO/SB/17 (01-06)

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Under the Pag Complete if Known ant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/804,409 **Application Number** FFE TRANSMIT Filing Date March 12, 2001 For FY 2006 TIMOTHY KIEFFER First Named Inventor Kelly, Robert M. **Examiner Name** X Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT 905.00 Attorney Docket No. 029996-0278721 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 033975 X Deposit Account Deposit Account Number: Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 Utility 300 150 500 100 250 200 100 100 130 65 Design 50 200 160 Plant 300 80 100 150 600 300 300 150 500 250 Reissue 200 100 0 0 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) **Total Claims Extra Claims** Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3, or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Total Sheets __ (round up to a whole number) x 125.00 / 50 = - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 905.00 Other (e.g., late filing surcharge): Extension; RCE SUBMITTED BY

Registration No. Telephone 43488 858.509.4065 Signature (Attorney/Agent) Date Name (Print/Type)/Robert Bedgood June 20, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TRANSMITTAL FORM (to be used for all correspondence after initial form Total Number of Pages in This Submission Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number ENCLOSURES (Check all to the content of th	atent and Tra- ection of infor 09/804,409 March 12, 20 Timothy Kiel 1632 Kelly, Rober 029996-027 that apply) ddress	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Exhibits A through G RCE (in duplicate) Return Postcard (counted as part of this submission)
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Printed name			
Robert M. Bedgood	/ IR	Reg. No.	40.400
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